N. B.—Bvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## MISSOURI STATE BOARD OF HEALTH

| BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH  |  |  | 26282  |
|--|--|--|--|
| 1. PLACE OF DEATH  |  | , ,  | ~ ~0~0~  |
| Comby Thisassippe A  | Registration District                      | No. 57/06  | Pile No  |
| Township AM Waldfrid   | Primary Registration                       | ( ( ( )  | Refistered No. : / 0 7   |
| City Charles To ON   | <b>.</b>                                   |  | St. Ward)  |
| 2. FULL NAME Charley Thou  | pson V                                     | ,  |  |
| (a) Besidence. No  | , si.,                                     |  |  |
| (Usual place of abode)  Lendth of residence in city or town where death occurred yrs. mes. ds. How long in U.S., if of fereign high? yrs. mes. ds. |  |  |  |
| PERSONAL AND STATISTICAL PART  | FICULARS                                   | MEDICAL CERT   | FICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGAR, DIVORCE   | MARRIED, WIDOWED OR<br>ED (write the word) | 16. DATE OF DEATH (BONTH, DAY AT   | D YEAR (Chery 12 - 1926  |
| 5a. If Married, Widowed, or Divorced<br>HUSBAND or   | myce                                       | I HEREBY CERTIFY   | , to   |
| (OR) WIFE OF   | <del></del>                                | that I last saw h alive on   |  |
| 5 PLTE OF PURE.  | ł  | death occurred, on the date stated above, a  |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/10  | 26   | THE CAUSE OF DEATH WAS   | AS FOLLOWS:  |
| 7. AGE YEARS MONTHS DAY  | If LESS than 1 day,hra.                    | The Oli  | is a doctor  |
| 8. OCCUPATION OF DECEASED  |  |  |  |
| (a) Trade, profession, or perfurals kind of work   | 1  | 1 )  | (duration)   |
| (h) Gentral nature of industry, basiness, or establishment in  |  | CONTRIBUTORY, (SECONDARY)  | The state of the s |
| which employed (or employer)   |  | 1 1 1  | (durativa)   |
| (c) Name of employer   | <u></u>                                    | 18. WHERE WAS DISEASE CONTRACTED   |  |
| 9. BIRTHPLACE (CITY OR TOWN) harles on   |  | IF NOT AT PLACE OF DEATH!  |  |
| . (STATE OR COUNTRY)   |  | DID AN OPERATION PRECEDE DEATHS & DATE OF  |  |
| 10. NAME OF FATHER Chas, No  | mssow                                      | Was there an autorsyl La   | DATE OF  |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN)  |  | WHAT TEST CONFIDENCE DIACHOSIST TENERAL PLANT  |  |
| (STATE OR COUNTRY) / NESCUSSIONE   |  | (Silver Trums  | to Varion  |
| (State or country)  12. MAIDEN NAME OF MOTHER COSCIE   | Thillester                                 | -13-,1926 (Address )   | Miller Du Grone  |
| 13. BIRTHPLACE OF MCTHER (CITY OR TOWN).   |  | *State the Dinnisu Causing Diarm, or in deaths from Violant Causin, state  |  |
| (STATE OR COUNTRY) Doulsand  |  | (1) MEANS AND NATURE OF INJUST, and (2) whether Accedimental, Sciencel, or Homicidal. (See reverse side for additional space.) |  |
| 14. homeson  |  | 19. PLACE OF BURIAL CREMATION  | OR REMOVAL   DATE OF BURIAL  |
| (Address) Charleston Mo  |  | Note Show  | 8/13 1026  |
| 15. Cerry 13,26 FS Var   | non  | 20-UNDERTAKER  | ADDRESS  |
|  | REGISTRAR                                  | Have Jr.   | Charleston   |

## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know. (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Groccry, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at: home, who are engaged in the duties of the house hold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, State occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of----(name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasm); Measles, Whooping cough, Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Ure-. mia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means or INJURY and qualify as accidental, suicidal, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Nors.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.